

Effective on 12/08/2004. Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known			
FREE TRANSMITTAL For FY 2005 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Application Number	09/385,597		
				Filing Date	August 30, 1999		
				First Named Inventor	James A. Parker		
				Examiner Name	Le, Uyen Chau N		
				Art Unit	2876		
TOTAL AMOUNT OF PAYMENT		\$450.00		Attorney Docket No.	283-205 CIP 1		
Express Mail Label EV561776176US							
METHOD OF PAYMENT (check all that apply)							
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0289 Deposit Account Name: Wall Mariama & Bilinski LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments <input checked="" type="checkbox"/> Credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description						Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent						50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- 20 or HP =		x	=		Fee (\$)	Fee Paid (\$)	
HP= highest paid number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =		x	=				
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a) (1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/ 50 =	(round up to a whole number) x	=				
4. OTHER FEES							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other: Two Month Extension of Time Fee						\$450.00	
SUBMITTED BY							
Signature		Registration No. 37,283 (Attorney/Agent)		Telephone 315-425-9000			
Name (Print/Type)		Date March 7, 2005					

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

03/10/2005 YPOLITE1 00000016 09385597

01 FC:1252

450.00 0P

3-8-05

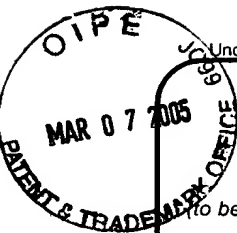
PTO/SB/21 (02-04)

28.76\$
ID
ifw

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/385,597
Filing Date	August 30, 1999
First Named Inventor	James A. Parker
Group Art Unit	2876
Examiner Name	Le, Uyen Chau N
Attorney Docket Number	283-205 CIP 1

Total Number of Pages in This Submission	22
--	----

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): One check for \$450 (Extension of Time), Comment on Reasons For Allowance (2 pgs.), and Return Mail Room Postcard. Express Mail Label No. EV561776176US
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account No. 50-0289.
Extension of Time Applicants respectfully request a two-month extension of time for response to the Final Office Action mailed October 5, 2004.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

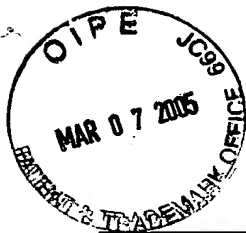
Firm or Individual name	Wall Marjama & Bilinski LLP	
	George S. Blasiak	Reg. No. 37,283
Signature	<i>George S. Blasiak</i>	
Date	March 7, 2005	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as express mail (Express Mail Label No. EV561776176US) in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: March 7, 2005		
Typed or printed name	Barbara A. Saltsman	
Signature	<i>Barbara A. Saltsman</i>	Date March 7, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Express Mail Label No. EV561776176US
Attorney Docket No. 283-205 CIP 1
PATENT

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail addressed to Mail Stop: Comment On Reasons For Allowance, Commissioner of Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on March 7, 2005. Express Mail Label No. EV561776176US.

Barbara A. Saltzman
Barbara A. Saltzman

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.:	09/385,597	Confirmation No.:	9401
Applicant:	James A. Parker et al.		
Filed:	August 30, 1999		
Art Unit:	2876		
Examiner:	Le, Uyen Chau N		
Docket No.:	283-205 CIP 1		
Customer No.:	20874		

Mail Stop: Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

COMMENT ON REASONS FOR ALLOWANCE

Sir:

Applicants note that the Examiner's Reasons for Allowance mention only the limitations of allowed claim 65, but do not mention the combinations of limitations of the remaining allowed claims 66-74 and 84-96. Applicants therefore conclude that the Examiner's failure to mention the specific combinations of limitation of claims 66-74, and 84-96 is merely an oversight by the Examiner, and that the Examiner did not intend for the reasons for allowance to apply to claims that do not have the combination of limitations discussed in the reasons for allowance.

Express Mail Label No. EV561776176US
U. S. Patent Application No. 09/385,597
Comment on Reasons For Allowance Dated March 7, 2005

If the Examiner believes that the limitations discussed in the reasons for allowance must be imported into all claims to render all claims allowable, the Examiner is respectfully requested to formally present such a requirement. Otherwise, persons reading this prosecution history will understand that all allowed claims are allowable for the combination of elements actually recited in them.

Accordingly, in view of the above remarks, applicants believe all of the claims of the present application to be in condition for allowance and respectfully request reconsideration and passage to allowance of the application.

If the Examiner believes that contact with applicants' attorney would be advantageous toward the disposition of this case, the Examiner is herein requested to call applicants' representative at the phone number listed below.

The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to deposit Account No. 50-0289.

Respectfully submitted,

WALL MARJAMA & BILINSKI LLP



Date: March 7, 2005

George S. Blasiak
Registration No. 37,283
WALL MARJAMA & BILINSKI LLP
101 South Salina Street
Suite 400
Syracuse, NY 13202
315-425-9000
315-425-9114 (FAX)

Customer No. 20874
GSB/ts/bs